



NOTICE OF CHANGE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 10766 (Rev. 05-2003)

[In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.]

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PART A MEMBER INFORMATION

Name (Last, First, Mi)	Social Security Number	
Department Name	Dept Number	Daytime Telephone Number

PART B PLAN INFORMATION (Check all the plans the employee is currently participating in)

<u>Group Insurance</u>	<u>Retirement</u>	<u>Other Plans</u>
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Deferred Compensation (457/403(b))
<input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage	<input type="checkbox"/> Defined Contribution	
<input type="checkbox"/> PERS Dental; Current Dental Premium \$ _____	<input type="checkbox"/> TIAA-CREF	
<input type="checkbox"/> PERS Vision; Current Vision Premium \$ _____	<input type="checkbox"/> TFFR	<input type="checkbox"/> PERS Flex Comp (125)
<input type="checkbox"/> PERS Life Insurance	<input type="checkbox"/> Job Service	
<input type="checkbox"/> PERS Long Term Care		

PART C ADDRESS CHANGE

New Address			Former Address		
Address			Address		
City	State	Zip Code + 4	City	State	Zip Code + 4

PART D NAME CHANGE

Effective Date
Former Name (Last, First, Mi)
New Name (Last, First, Mi) (Your permanent record will be created as indicated in this box)

PART E QUALIFIED CHANGE OF STATUS

Effective Date	
<u>Change in Marital Status</u>	<u>Change in Dependent's Status</u>
<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Child Attained Age 23
<input type="checkbox"/> Legal Separation <input type="checkbox"/> Widowed	<input type="checkbox"/> Child Attained Age 26
	<input type="checkbox"/> Child Married
	Child's Name: _____
COMPLETE APPLICABLE GROUP INSURANCE APPLICATION(S)	

PART F NDPERS FLEXCOMP ELECTION CHANGE

IRS regulations will not permit a change in election until the next enrollment date unless the change is due to qualified change in status event and the change in status and need for election change are consistent, as required under the change in status rules:

☐ Change Medical Spending Account ☐ Change Dependent Care FSA

Complete FlexComp Change in Status SFN 53511 and FlexComp Benefit Election Salary Redirection Agreements SFN 17759.

PART G AUTHORIZATION

To the best of my knowledge and belief, the information that I have provided on this form is correct.

Signature of Member or Authorized Agent

Date

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

INSTRUCTIONS

Part A Member Information

Enter member's current name, social security number, department name, department number, and day time telephone number.

Part B Plan Information

Indicate ALL the plans member participates in through your agency.

Part C Notice of Address Change

Enter effective date.

Enter member's former address and new address.

Part D Notice of Name Change

Enter effective date.

Enter member's former name and new name. Use full name, including middle name.

Part E Notice of Qualified Change of Status

Enter effective date.

Change in Marital Status

This section may be used for any member's marital status change, whether there is a change or not. In cases of marital status change, it is necessary that the member complete new designations of beneficiary. (*Designation for the Group Retirement Plan SFN 2562 and/or Group Life Application*)

Change in Dependent's Status

The definition of eligible dependent beyond the age of 23 includes unmarried children who are at least 50% financially dependent on the subscriber or spouse and are a full-time student at an accredited institution. If a dependent no longer qualifies as a dependent on your policy, a NDPERS Group Health Application must be completed to remove a dependent. A dependent is eligible to continue individual coverage under COBRA for a period of up to 36 months or until eligible for another employer group insurance plan or eligible for Medicare. The monthly premium will be billed directly to the contract holder each month.

The contract holder is responsible to maintain and notify both NDPERS and BCBSND at any time when dependent(s) no longer qualify for dependent coverage. Failure to do so could cause cancellation of coverage and the loss of the COBRA continuation option.

Part F NDPERS FlexComp Election Change

Check the appropriate box (es) to change the employee's Medical Spending or Dependent Care annual deductions. The FlexComp Change in Status SFN 53511 and FlexComp Benefit Election Salary Redirection Agreements SFN 17759 must accompany this form.

Part G Authorization

Either the employer's authorized agent or the member must sign SFN 10766 to be valid